

FOR OFFICE USE ONLY  
Received date:

Approved:

Permit #

Mailed Email Pick up Delivery

3.9.17

**AMHERST INSPECTION SERVICES**  
4 BOLTWOOD AVENUE • AMHERST • MA • 01002  
MAIN Office (413) 259-3030 Fax (413) 259-2402  
[www.amherstma.gov](http://www.amherstma.gov)

## FOOD ESTABLISHMENT LICENSE RENEWAL APPLICATION

**DUE: DECEMBER 1**

(Legal) Name of Establishment \_\_\_\_\_ Phone \_\_\_\_\_

Establishment Address \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Owner (Permit holder) \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

**Corporation or partnership: Print name, title & home address of each officer or partner. Attach additional paper if needed.**

Name	Title	Home Address	Phone
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State of Incorporation \_\_\_\_\_ Name of Local Agent \_\_\_\_\_ Address \_\_\_\_\_

Emergency Response Person: Name \_\_\_\_\_ Emergency contact phone \_\_\_\_\_

**Person completing the application, if different from owner/permit holder:**

Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

### ANNUAL LICENSE

### FEE

### AMOUNT ENCLOSED

Bakery	\$ 150.00	_____
Caterer	150.00	_____
Food Service Establishment	300.00	_____
Food Service Non-Profit	100.00	_____
Frozen Dessert	100.00	_____
Residential Kitchen Retail Sale	75.00	_____
Retail	200.00	_____
Supermarket	900.00	_____

**\*Note: Mobile Food Operations requires a separate application**  
**Bed and Breakfast license requires a separate application**

**Total Amount Enclosed: Make Check Payable to: Town of Amherst** \_\_\_\_\_

### **Please Note The Following Late Fees Will Be Enforced**

**First 30 Days Overdue \$50.00..... 60 Days & Each Month Thereafter \$100**

**No Charge for Initial Inspection & First Re-Inspection. \$75.00 Each Inspection Thereafter.**

**Annual Inspections Fees: No Charge for Initial Inspection & First Re-inspection; \$75.00 Each Inspection Thereafter.**

## HOURS OF OPERATION

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

**Name of Designated- Person- In- Charge** \_\_\_\_\_ Date Certification Expires: \_\_\_\_\_

**Name of Alternate Person- In- Charge** \_\_\_\_\_ Date Certification Expires: \_\_\_\_\_

**Name of Person Trained in Allergy Awareness** \_\_\_\_\_ Date Certification Expires: \_\_\_\_\_

**NUMBER OF SEATS** \_\_\_\_\_

Where there are 25 or more seats, establishment must have at least one person trained in Choke Saver at all times food is served.

## LIST ALL PERSONS TRAINED IN CHOKE SAVER

NAME	EXPIRATION OF CERTIFICATION	NAME	EXPIRATION OF CERTIFICATION

## CONTRACTED SERVICES (PRINT THE NAME, ADDRESS AND PHONE)

**Integrated Pest Management company** \_\_\_\_\_

**Subsurface Sewage Disposal** (licensed septage hauler) \_\_\_\_\_

**Grease Trap** (quarterly pumping by licensed hauler) \_\_\_\_\_

**Exhaust hood** \_\_\_\_\_ **Date of last cleaning:** \_\_\_\_\_

**PLEASE DESCRIBE ALL CHANGES** (menu, food storage, equipment, staff certifications, other) implemented in your establishment during the past year:

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## ALL APPLICANTS MUST SUBMIT THESE DOCUMENTS WITH APPLICATION:

- ☐ Workers' Compensation Affidavit (blank copy attached)
- ☐ Workers' Compensation Certificate of Insurance
- ☐ Food Manager's Certifications
- ☐ Allergy Awareness Certification
- ☐ Choke saver Training Certifications- (Exempt where less than 25 seats )

**PURSUANT TO M.G.L. CH. 62C SEC. 49A, I CERTIFY UNDER THE PENALTIES OF PERJURY THAT HAVE COMPLIED WITH ALL LAWS OF THE COMMONWEALTH RELATING TO TAXES, REPORTING OF EMPLOYEES AND CONTRACTORS, AND THE WITHHOLDING AND REMITTING OF CHILD SUPPORT AND THAT THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE.**

*I agree to abide by the state laws and regulations, as well as the Town of Amherst By-Laws, as pertain to a food service establishment, including but not limited to the bylaws that ban the use of EPS (expanded polystyrene.) and single use plastic bags.*

*A copy of the state food code, 105 CMR 590.000. has been provided to me.*

*I have been informed that I may find the Town of Amherst By-Laws at [www.townofamherst.org](http://www.townofamherst.org)*

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√ Signature of Owner or Owner's Agent

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Print Name and Title

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Date

**Make Check Payable to: Town of Amherst**  
**Return to: Amherst Inspection Services**  
**4 Boltwood Avenue**  
**Amherst, MA 01002**  
**Attn: License Renewal**